

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for *Re-Approval* of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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	pearfish, SD 57783
lame of Institution; Slow	FALLS CAREER & TECHNICAL EDUCATION A
ddress: 4700 West	Career Circle
SIOUX Falls,	50 57107
10ne Number: 605 - 367 - 55	04 Fax Number: 605-367-5508
mail Address of Faculty: Collee,	m. Johnson @ KIZ, Sd. U.S
List personnel and licensure informa Complete evaluation of the curriculu Request re-approval with faculty change	om les and/or curriculum changes ation, attach curriculum vitas, resumes, or work history for new personnel om
List Personnel and Licensure In	Course oblem.
ogram Coordinator must be a registrovision of long-term care services. The D	ered nurse with 2 years nursing experience, at least one of which is in the
ogram Coordinator must be a registrovision of long-term care services. The Dit may not perform training while serving a	pered nurse with 2 years nursing experience, at least one of which is in the Director of Nursing (DON) may serve simultaneously as the program coordinator as DON. (ARSD 44:04:18:10) RN-LICENSE State Number Expiration Verification
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rogram Coordinator must be a registrovision of long-term care services. The Dat may not perform training while serving a Name of Program Coordinator Collegn K. Johnson If requesting new Program Coordination and Coordination of Program Coordinati	pered nurse with 2 years nursing experience, at least one of which is in the Director of Nursing (DON) may serve simultaneously as the program coordinator as DON. (ARSD 44:04:18:10) RN-LICENSE State Number Expiration Verification Date (Completed by SDBON) Ploof, attach curriculum vita, resume, or work history Prese (RN or LPN) with 2 years pursing experience, at least one of which is in the

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.



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	LICENSURE/REGISTRATION				
Supplemental Personnel & Credentials	State	Number	Expiration Date	Verification (Completed by SDBON)	
				No Principal Address of the Control	

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard		Yes	No
 Program v 	vas no less than 75 hours.	×	140
	ninimum 16 hours of instruction prior to students having direct patient	×	
 Provided m students fo 	inimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 r one instructor.	×	
 Provided in 	struction on each content area (see ARSD 44:04:18:15):		
	rsing skills	V	
 Persona 	l care skills		
 Mental I 	nealth and social services	×	
 Care of 	cognitively impaired clients		
 Basic re 	storative nursing services	Ŷ	
 Residen 	rights	X	
 Students die to be compe 	d not perform any patient services until after the primary instructor found the student	X	
 Students of 	nly provided patient services under the supervision of a licensed nurse	×	
 Your agent 	cy maintains a 75% pass rate of students on the competency evaluation d skills exam taken through the SD Healthcare Association).	X	

3.	Submit Documentation to Support Requested Curriculum Changes:
Name of	f Course (if applicable): DS - HHA Sci. Careers I + TI
IIISTructi	y of teaching methods may be utilized in achieving the classroom instruction such as independent study, video on, and online instruction. smit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.)
□ Ren	documentation that supports requirements listed in ARSD 44:04:18:15, including: aviorally stated objectives with measurable performance criteria for each unit of curriculum riculum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor. Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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	developmental tasks associated with agir	ng: responding appropriately to behaviors; awareness of approcess; respecting personal choices and preserving client					
	dignity, and recognizing sources of emotional support; Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;						
	Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in hed and chair; howel and bladder are a						
	and training, and care and use of prostnetic and orthotic devices.						
Program Coordinator Signature: College U. Johnson Robote: 10-30-12							
This section to	be completed by the South Dakota Bo	ard of Nursing					
Date Application Received: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
Date Approved: (1/6/1/2 % Reason for Denial:							
Expiration Date	of Approval: - NOV. 2014 MC						
Board Representative: 80+hw 12013							
Date Notice Sent to Institution: 11/6/12							